

INFORMATION PROVIDED ON THIS FORM IS  
TO BE USED TO ESTABLISH A NEW CERTIFI-  
CATE OF BIRTH FOR THE ADOPTED CHILD.

Ohio Department of Health  
VITAL STATISTICS  
CERTIFICATE OF ADOPTION

Registrar's No. \_\_\_\_\_

Birth No. 134 - \_\_\_\_\_

(Enter all information  
below item captions)

CHILD'S PERSONAL DATA

1. NAME OF CHILD BEFORE ADOPTION		2. NAME OF CHILD AFTER ADOPTION	
3. PLACE OF BIRTH (City or village, county, state)		4. DATE OF BIRTH (Month, Day, Year)	5. SEX

ADOPTIVE PARENT (S)' PERSONAL DATA

The following information is to be given as of date of child's birth entered in Item 4.

<b>FATHER</b> Relationship to child - (Check One) <input type="checkbox"/> Adoptive Father <input type="checkbox"/> Natural Father		<b>MOTHER</b> Relationship to child - (Check One) <input type="checkbox"/> Adoptive Mother <input type="checkbox"/> Natural Mother	
FATHER'S NAME (First, Middle, Last)		MOTHER'S MAIDEN NAME (First, Middle, Last)	
DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)	DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
RACE (Specify - American Indian, Black, White, etc.)	ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc. - Specify)	ORIGIN (Specify - American Indian, Black, White, etc.)	ORIGIN OR DESCENT (Italian, Mexican, German, English, Cuban, Puerto Rican, etc. - Specify)
EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College (1-4 or 5+)		EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College (1-4 or 5+)	
OCCUPATION AND BUSINESS/INDUSTRY Occupation Business/Industry		OCCUPATION AND BUSINESS/INDUSTRY	
<b>OTHER REQUIRED INFORMATION</b> (From original birth certificate)		MOTHER'S RESIDENCE AS OF DATE IN ITEM 4 (Street and Number)	
		(City, Town, or Location, County, State, Zip)	
ATTENDANT'S NAME		<b>PRENANCY HISTORY</b> (Complete each section) Previous pregnancies and adoptions by this mother. (NOTE - Include only older children and pregnancies terminated prior to the birth of this child.)	
MAILING ADDRESS (Street or R.F.D. No., City or Village, State, Zip)			
<input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> C.N.M. <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other (Specify Below)		<b>LIVE BIRTHS</b> (Do Not include this Child)	
REGISTRAR'S NAME		<b>OTHER TERMINATIONS</b> (Spontaneous and induced)	
DATE FILED BY REGISTRAR (Month, Day, Year)		DATE OF LAST LIVE BIRTH (Month, Year)	DATE OF LAST OTHER TERMINATION (Month, Year)
PARENT'S PRESENT MAILING ADDRESS (Street or R.F.D. No.)		(City or Village)	(State) (Zip Code)
ATTORNEY'S NAME AND ADDRESS (Street or R.F.D. No.)		(City or Village)	(State) (Zip Code)

CERTIFICATION

PROBATE COURT, \_\_\_\_\_ ERIE \_\_\_\_\_ COUNTY, OHIO

I hereby certify that the child named above was adopted on \_\_\_\_\_  
(date)

by \_\_\_\_\_  
(name(s) of petitioner(s))

as set forth in the final decree of adoption, Case No., \_\_\_\_\_

Date \_\_\_\_\_ Probate Judge

By \_\_\_\_\_ Deputy Clerk